

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-034979

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 3819 Registrar's No. 78

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

FILED OCT 15 1963

1. PLACE OF DEATH

a. COUNTY

MORGAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Gravois Mills

Length of stay in lb

12 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MORGAN

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Gravois Mills

d. STREET ADDRESS (If outside, give location)

Gravois Mills

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARTHUR

RHODES

4. DATE OF DEATH

Month

Day

Year

October

7

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 19, 1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pacific

11. BIRTHPLACE (City and state or country)

Shelbina Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Rhodes

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ANNIE R. MARTIN RHODES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ANNIE RHODES Gravois Mills, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma right colon

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1962 to Oct 7 1963 and last saw him alive on Sept 27 1963. Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or wife)

Jack Quinn MD

22b. ADDRESS

Versailles Mo

22c. DATE SIGNED

10.9.63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BORA

23b. DATE

Oct. 10, 1963

23c. NAME OF CEMETERY OR CREMATORY

Versailles Cemetery

23d. LOCATION (City, town, or county)

Versailles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

SCRIVNER-STEVINSON Versailles, Mo.

25. DATE RECD. BY LOCAL REG.

10-11-63

26. REGISTRAR'S SIGNATURE

J L Wash

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1963

NOV 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Scramin

Licensed Embalmer No. 4880

P. O. Address Vincennes, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.